U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 01 / 04 Through: 10 / 31 / 04

3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name PHILIP J BCHANTE	Name LABORCES INTERNATIONAL UNION OF NORTH AMERICA			
	Labor Organization File Number 1000 03368			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any P.O Box 138			
Street 989 DuTchess TAKE	Street			
City PoughKcepsiE	City PoughKeepsie			
State 14. 4 ZIP Code + 4 10603	State My ZIP Code + 4 12602			
5. Position in labor organization. Business Manag	CL			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
Name and address of Employer (including trade name, if any).	on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
	7.b. Amount.			
Street				
City				
State ZIP Code + 4	Not the make the control of the cont			
Sign	aturo RODI Bynant			
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the sec	IDO GOCILIMents), has been examined by the signature and to the first of the			
signed Inlap/ Benewit	On <u>8-75-05</u> <u>845-477-9488</u> Date Telephone Number			
Form J M-30 (2003)	reichnote trauties			

Name of resource many PHILAPIBENANTE	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acceptable of which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or
8. Name and address of Business (including trade name, if any). Name MYS LABORCES Tell Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any Street IS CORDORATE WOODS Blud City ALbmy State M.Y ZIP Code +4 12311	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. Helps Permote Union Issues With by Advertising Sequices-Meeting With STATE OFFICIALS To help increase Macket shaee. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Attended conference where Poom - been KFAST and hunch WAS Peovided 12.b. Amount.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	or parts A and B at)
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

or Consultant

Name of Person Filling PHILIP T Benan	File Number U-	er en
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or of of an employer whose employees your labor organization represents or is. (2) any part of which consists of buying from or selling or leasing directly of dealing with your labor organization or with a trust in which your labor organization.	therwise dealing with the business actively seeking to represent, or	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
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Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street	c. Employer	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name LOCAL 1000 Joint Benefit Funds	Administrator of	
Trade Name, if any:	Pension. WelFace-	
P.O. Box, Bldg., Room No., if any	And Tearning Fund	'S
Street 514 HAIGHT Ave		
City Pok	11.b. Approximate dollar value of such dealing.	
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	12.b. Amount.	144.00
 Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 	er parts A and B above) / or other thing of value	
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
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Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
Street		Table 1 Table 1
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State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	
		